



The National Park Service

2016 COMMERCIAL USE AUTHORIZATION APPLICATION FORM

Kaloko-Honokōhau NHP and Pu'uhonua o Hōnaunau NHP

U.S. DEPARTMENT OF THE INTERIOR

National Park Service

73-4786 Kanalani Street

Kailua-Kona, Hawaii 96740

PH: (808) 329-6881 x 1331 FAX: (808) 329-2597

Website: www.nps.gov/kaho

This application is used for Commercial Use Authorizations (Out-of-Park services). The CUA is for commercial services that originate and terminate outside of the boundaries of the park area. Activities such as advertising, soliciting business, collecting fees or selling any goods or services within the park boundaries are NOT allowed.

Type of Permit Requested: _____ One-Year, One Park (\$200.00) _____ Park Name
_____ One-Year, Two Parks (\$300.00)

Type of Activity:

- ☐ Guided hiking/guided photography/bird watching
- ☐ Wedding ceremonies/wedding photography
- ☐ Surf lessons
- ☐ Bus tours or taxi services
- ☐ Bicycle tours
- ☐ OTHER _____

Please describe guided tours or activities in detail. Where will tours begin and end? Where and how long will you be hiking or conducting tours? Will you be bringing any equipment or accessories into the park? If so, describe type, size, quantity.

1) APPLICANT

Show your business name, including your "d.b.a." (*doing business as*) if applicable

As an applicant, select from A through E that describes your business:

A. ☐ INDIVIDUAL. If the business is a sole proprietorship, print the owner's legal name.
(_____)

B. ☐ CORPORATION
If the business is a corporation or LLC, print the holding corporation's legal name.
(_____)

C. ☐ PARTNERSHIP/ASSOCIATION. If the business is a partnership, LLP or LP, print the names and social security numbers of each partner. If there are more than two partners, please attach a complete list of partners names.
(Name _____ SSN# _____)
(Name _____ SSN# _____)



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D. ☐ OTHER _____

2) LIST ALL AUTHORIZED REPRESENTATIVES

3) *TAX PAYER ID

-OR-

SOCIAL SECURITY NUMBER

**Providing Social Security Numbers is a requirement of 1996 Debt Collection Act—This number will NOT be made public.*

4) Business Address

Address: _____

City, State, Zip

Email: _____

Internet: _____

Day Phone: _____ Evening Phone: _____

Fax: _____

5) Owner Address

Address: _____

If same as Business Address Info, write "same"

City, State, Zip

Email: _____

Internet: _____

Day Phone: _____ Evening Phone: _____

Fax: _____

- 6) False, fictitious or fraudulent statements of representations made in this application may be grounds for revocation of the Commercial Use Authorization and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). All information you provide will be considered in reviewing this application. Please sign on the applicable line below.

SIGNATURE OF APPLICANT OR AGENT*

PRINTED NAME

DATE

TITLE (as it relates to your business) **(If you are an authorized Agent who has been given authorization to sign this application for the owner or company, you MUST attach proof to that authorization.)*



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CHECKLIST FOR CUA APPLICATION

Payment must accompany your completed application.

BUSINESS NAME: _____

- _____ Completed Application Form
- _____ Payment (\$200.00 one park/one year, \$300.00 two parks/one year)
- _____ Insurance Certificate (**Comprehensive General Liability**) is enclosed.
- _____ Insurance Certificate (**Automobile Liability**) is enclosed (for operators that drive into park only)
(Certificate must show the Vehicle Identification Number)
- _____ PUC License
- _____ Annual Activity Report for previous year
- _____ Annotation on the Insurance Certificate that shows:
 - ___ The insurance policy names the U.S. Government, National Park Service as an additional insured.
 - ___ Certificate Holder's Address is:
US Government
National Park Service
73-4786 Kanalani Street #14
Kailua-Kona, HI 96740
- _____ Proof of Authorization to Sign Application (applicable if other than owner is signing application)

NPS Office Phone: 808 329-6881 x1331, Fax: 808/329-2597, Website: <http://www.nps.gov/kaho>

Mail application packet to:

National Park Service, Commercial Services, 73-4786 Kanalani Street #14, Kailua-Kona, HI 96740



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MINIMUM INSURANCE AMOUNTS REQUIRED

(Applicants, please share this info with your Insurance Agent)

1. SERVICE: Guided Hiking, Photography, Bicycle Tours, Surf Lessons, Wedding Ceremonies and Photography

- **INSURANCE:** *Comprehensive General Liability (Guides) @ \$300,000 per occurrence*

1. SERVICE: Vehicle Tours

- **INSURANCE:** *Motor vehicles - Auto Liability Insurance*

PARTY SIZE

UP TO 5:

6 TO 12:

13 TO 20:

21 to 50

51 passengers or more:

MINIMUM COVERAGE REQUIRED

\$500,000/Occurrence/\$1M General Aggregate

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\$500,000/Occurrence/\$1M General Aggregate

\$1,500,000/Occurrence/\$2M General Aggregate

Contact National Park Service for information

The certificate holder's address on all certificates of insurance should read:

U.S. GOVERNMENT, Dept of Interior, National Park Service-Commercial Services, 73-4786 Kanalani St. #14, Kailua-Kona, HI 96740

All liability policies must specify that the insurance company will (1) provide that the United States of America is named an additional insured.